

## INJURED PERSONS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Nature of Injuries: \_\_\_\_\_  
\_\_\_\_\_

Occupant of which vehicle: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Nature of Injuries: \_\_\_\_\_  
\_\_\_\_\_

Occupant of which vehicle: \_\_\_\_\_  
\_\_\_\_\_

## WITNESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

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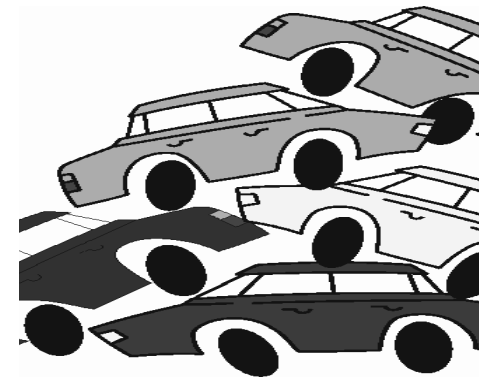
*-At Fort Recovery Insurance, your hometown insurance agency, we take great pride in providing our customers the service they deserve. Insurance can be complicated and we pledge to take the time it takes to answer your questions, explore your options and help you understand your insurance coverage.*

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## CRASH KIT

“What to do in case  
of an accident.”



# FORT RECOVERY INSURANCE AGENCY

### Contact Us

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**Fort Recovery, OH 45846**

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Visit us on the web:  
[www.ftrecoveryinsurance.com](http://www.ftrecoveryinsurance.com)

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## WHAT TO DO IN CASE OF AN ACCIDENT

1. **STOP IMMEDIATELY** and give assistance to involved parties.
2. **IF SOMEONE IS HURT**, obtain appropriate medical care assistance (i.e., call an ambulance).
3. **CALL THE POLICE** to assist and investigate the accident.
4. **EXCHANGE DRIVER, VEHICLE AND INSURANCE INFORMATION** with involved parties.
5. **COMPLETE THIS FORM AT THE ACCIDENT SCENE.** Fill in all information requested.
6. **DO NOT DISCUSS THE ACCIDENT FACTS** with anyone except the police, your agent or a properly identified representative from your insurance company.
7. **DO NOT ADMIT OR DISCUSS FAULT** for the accident.
8. **REPORT THE ACCIDENT TO YOUR AGENT** as soon as possible.

### THE ACCIDENT

Date: \_\_\_\_\_ Hour \_\_\_\_\_ A.M, P.M.

Location Information:

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Driving Which Way: \_\_\_\_\_

Were your lights on? Yes No

Condition of the weather:

\_\_\_\_\_

Road Conditions:

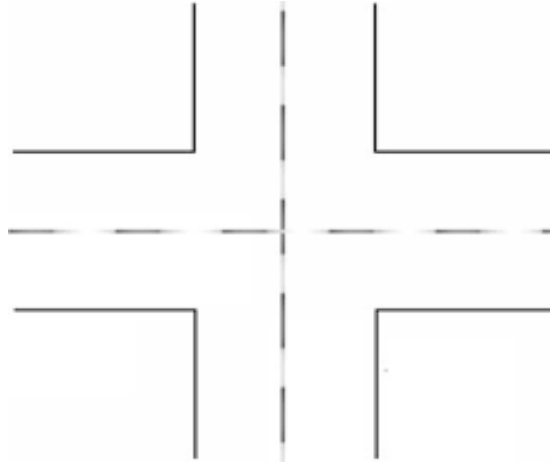
\_\_\_\_\_

Describe how accident occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DIAGRAM OF ACCIDENT

Show names of streets, and also directions in which vehicles were going, indicate clearly by N., S., E., or W.



### POLICE INFORMATION

Name of Police Department: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Accident Report Number: \_\_\_\_\_

Citation Issued? Yes No

If yes, against whom?

\_\_\_\_\_  
\_\_\_\_\_

## DAMAGE TO PROPERTY OF OTHERS

Name of Owner Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Make and Year of Vehicle:

\_\_\_\_\_

Describe Damages:

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company Name & Policy #:

\_\_\_\_\_  
\_\_\_\_\_

Name of Owner Address:

\_\_\_\_\_  
\_\_\_\_\_

Name of Driver Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Make and Year of Vehicle:

\_\_\_\_\_

Describe Damages:

\_\_\_\_\_

Insurance Co. Name and Policy No.

\_\_\_\_\_  
\_\_\_\_\_